

STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
Bureau of Health Services
AUTHORIZATION FOR RELEASE OF PRIVILEGED/CLIENT INFORMATION

I, _____ hereby authorize _____
Patient, Client, Representative Name Name of doctor, hospital, program or other custodian of record

Address of doctor, hospital, program, or other custodian of records

to release information contained in the records of:

Patient Name

Date of Birth

Social Security Number

to the individuals or organizations listed and only under the following conditions:

1. Name of person(s) or organization(s) to whom disclosure is to be made:

Department of Consumer and Industry Services, Bureau of Health Services, Complaint and Allegation Division,
P.O. Box 30670, Lansing, Michigan 48909 or the Attorney General.

2. Specific type of information to be disclosed:

Any and all **MEDICAL and SUBSTANCE ABUSE** information that may have been obtained or made including, but not limited to, all medical records, alcohol, drug abuse and mental health records, billing records, pathology, radiology and laboratory reports, consents, authorizations or waiver forms, and any other documentation. This includes records relating to communicable diseases and serious communicable diseases including but not limited to: **AIDS, ARC and HIV**.

3. The purpose and need for such disclosure:

I understand that the Department of Consumer and Industry Services, Bureau of Health Services and/or the Department of Attorney General may use any information and records so released in connection with the administration and enforcement of the laws of this State and of the United States.

4. I understand that by sending a written revocation to the doctor, hospital or other custodian of records I may revoke this authorization at any time, except to the extent that action has already been taken in reliance thereon. This authorization (unless expressly revoked earlier) expires 1 year from the date provided below.

5. This information is released subject to the provisions of the Michigan Mental Health Code and Federal Public Act 258 (1974) and Federal Regulation (42 CFR, Part 2).

A copy of this authorization shall serve in the stead of the original.

Patient/Client or Representative's Signature

Date Signed

Witness Signature

Date Witnessed

Date Prepared:

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disability Act, you may make your needs known to this agency.